

United States Department of Agriculture
Animal and Plant Health Inspection Service
Veterinary Services

**Application for Enrollment in the Federal Chronic Wasting Disease Voluntary
Herd Certification Program for Farmed and Captive Cervids Continuation Sheet**

Owner Information

1. Owner's Name:

2. Mailing Address:

3. City: 4. County: 5. State: 6. ZIP Code:

7. Business Phone Number: 8. Cell Phone Number: 9. Business Fax Number:

10. Email Address:

11. Owner's Name:

12. Mailing Address:

13. City: 14. County: 15. State: 16. ZIP Code:

17. Business Phone Number: 18. Cell Phone Number: 19. Business Fax Number:

20. Email Address:

21. Owner's Name:

22. Mailing Address:

23. City: 24. County: 25. State: 26. ZIP Code:

27. Business Phone Number: 28. Cell Phone Number: 29. Business Fax Number:

30. Email Address:

Facility Information

31. Facility Name:

32. * Premises Identification Number (PIN):

33. Address:

34. City: 35. County: 36. State: 37. ZIP Code:

38. Business Phone Number: 39. Cell Phone Number: 40. Business Fax Number:

41. Business Email Address:

42. Facility Name:

43. * Premises Identification Number (PIN):

44. Address:

45. City: 46. County: 47. State: 48. ZIP Code:

49. Business Phone Number: 50. Cell Phone Number: 51. Business Fax Number:

52. Business Email Address:

53. Facility Name:

54. * Premises Identification Number (PIN):

55. Address:

56. City: 57. County: 58. State: 59. ZIP Code:

60. Business Phone Number: 61. Cell Phone Number: 62. Business Fax Number:

63. Business Email Address: